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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/765,431
Filing Date	January 26, 2004
First Named Inventor	Mats Oberg et al.
Art Unit	2819
Examiner Name	Brian K. Young
Attorney Docket Number	MP0148.I
Total Number of Pages in This Submission	

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Comments on Statement of Reasons for Allowance; and Return receipt postcard.
Remarks Please charge any underpayment or credit any overpayment to Deposit Account No. 08-0750.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Harness, Dickey & Pierce, P.L.C.		
Signature			
Printed name	Michael D. Wiggins		
Date	September 24, 2007	Reg. No.	34,754

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Diane M. Schmidt	Express Mail Label No.	EM 061 813 710 US (9/24/2007)
Signature		Date	September 24, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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EM 061 813 710 US



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/765,431
Filing Date: January 26, 2004
Applicant: Mats Oberg et al.
Group Art Unit: 2819
Examiner: Brian K. Young
Title: FILTER DRIVEN DC-FREE CODES
Attorney Docket: MP0148.I

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Director of the United States Patent and Trademark Office
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Alexandria, VA 22313-1450

COMMENTS ON STATEMENT OF REASONS FOR ALLOWANCE

Reasons for allowance are only warranted in instances in which "the record of the prosecution as a whole does not make clear the Examiner's reasons for allowing a claim or claims." 37 C.F.R. 1.104(e). In the present case, Applicant believes the record as a whole makes clear the reasons for allowance and therefore no statement by the Examiner is necessary or warranted. Therefore, the record should reflect that Applicant does not necessary agree with the statement in the reasons for allowance.

For example, the Examiner loosely paraphrases portions of various claims in the Statement of Reasons for Allowance. The quoted language may not

exactly correspond to any of the allowed independent claims.

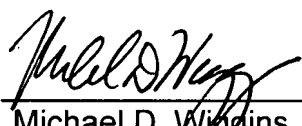
Applicant's claims should be limited only by the terms utilized therein. Thus, Applicant hereby submits these Comments in an effort to ensure that the claims are properly construed based only upon limitations that are actually present therein and/or to ensure that the claims are not interpreted so as to include any additional claim limitations that are not found in the respective claims.

Additionally, Applicants do not necessarily agree with the Examiner to the extent that the Examiner has commented on what the prior art shows or does not show in the Statement of Reasons for Allowance.

Should there be any outstanding matters that need to be resolved in the present application the Examiner is respectfully requested to contact the undersigned. If necessary, the Commissioner is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 08-0750 for any additional fees required under 37 C.F.R. § 1.16 or under 37 C.F.R. § 1.17; particularly, extension of time fees.

Respectfully submitted,

Dated: September 24, 2007

By: 
Michael D. Wiggins
Reg. No. 34,754

HARNESS, DICKEY & PIERCE, P.L.C.
P.O. Box 828
Bloomfield Hills, Michigan 48303
(248) 641-1600

MDW/EWB/dms